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ABSTRACT

Many elementary school students perform below their ability levels due to excessive anxiety and stress. Research reveals negative correlations between general anxiety and test anxiety, and scores on intelligence tests. Studies have shown that changes in anxiety level are related to changes in intelligence quotient scores. Further, anxiety affects the more intelligent as well as the average student; anxiety level is as effective as the intelligence quotient in predicting reading grades; anxiety is an important part of the personality of underachieving children; and anxiety has a negative effect on a variety of learning tasks, especially complex learning. Anxiety also has been found to be related to dependence, hostility and aggression, low peer status, and poor relationships with teachers. Consequently, relaxation training for reducing students' anxiety has become a part of the school curriculum in several schools. Methods of reducing anxiety through relaxation include systematic desensitization, yoga, meditation, guided fantasy, biofeedback, and deep muscle relaxation (DMR). Teaching DMR to children involves establishing general goals and training objectives, arranging the setting, using the DMR training script correctly, acquiring the experience of relaxation in order to effectively lead DMR sessions, organizing and facilitating the DMR exercises, conducting group discussions, and evaluating outcomes. The document concludes with a series of 10 experimentally tested DMR exercises which progress from relaxing various parts of the body to relaxing the whole body while breathing deeply. (Author/RH)

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RESEARCH BULLETIN

TEACHING CHILDREN TO RELAX

by

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FERDC NOTES ON THIS EDITION

School children of the 1980's may well be in the most stressful situations and environments of any school children prior to this time.

Economic stress, unstable family life, changing social values, mobility, earlier physical maturity and prolonged period of adolescence are but a few of the general problems that children face in daily living.

The emphasis on schooling has turned drastically to developing skills in reading, mathematics and writing. Emphasis is being placed on teachers and students alike to be accountable. Generally this calls for mastery of information and testing for performance. Some children may thrive in this kind of school, but many suffer from the increased anxiety of the stress which may accompany the push for accomplishment and achievement from forces external to the learner.

Perceptual psychologists have long known and proven that exaggerated anxiety inhibits the learning process and decreases the chances for developing a healthy and wholesome personality.

This bulletin is a timely one. The authors have written a scholarly, yet easily readable document. Any teacher or parent can benefit from reading it. Training on the techniques of teaching children to relax is readily available through most Teacher Education Centers. At least this is true in Florida, and such training is available in other states as well. We congratulate Drs. Proeger and Myrick for this contribution to education. FERDC is happy to be a part of improving the status of human beings in the United States and the world.

Charlie T. Council
Executive Secretary

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CHAPTER ONE

Children And Stress

Susan was referred to the school counselor when she was in the fourth grade. Described as "hysterical, insecure and afraid," she was frequently in the front office with tears in her eyes. Her mother and the counselor began meeting weekly to talk about Susan's problems, which started when she entered school.

"Susan is the kind of child that needs to be handled with kid gloves," remarked one of her teachers. Another teacher did not want to work with Susan because "she's so emotionally fragile and ready to fall apart...She needs more help than I can give her." Her fourth grade teacher said, "Susan's one of those nervous children, but more so than others. She seems to be paralyzed with fear if I call upon her in class - even though she has the ability. For example, she's making C's on her spelling tests even when she knows the words. I'm not sure what to do with her. It hurts to see someone that nervous and frightened."

The Prevalence of Anxiety and Stress

There are many children throughout elementary schools who suffer from excessive anxiety and stress, although perhaps not to Susan's extent. Like Susan, however, they too perform below their ability and cause concern among their teachers.

Benson (1975) noted that hypertension, a physiological manifestation of anxiety, was present in 15 to 33 percent of the general population and that hypertension has become an increasing concern among younger age groups. Others have also concluded that anxiety is a very common and serious problem for chidren (e.g., Freud, 1970; Hawkes & Furst, 1971; O'Reilly and Wightman, 1971; Phillips, 1972; Ruebush, 1963; I.G. Sarason, 1972; Sermet, 1974). As many as 30 percent of the children in elementary schools may be experiencing excessive stress that prevents them from learning and relating effectively (Proeger, 1979).

Anxiety is a normal part of living. Most people experience anxiety and it can motivate us. Everyone is anxious about something. Yet when anxiety is excessive or uncontrolled, it interferes with learning and decision-making. What can teachers and counselors do when anxiety prevents children from functioning normally and causes them problems? What can be done, for example, to help Susan?

The counselor at Susan's school developed a brief inventory to identify anxious students and administered it to fourth grade classes. The inventory drew upon items that are typically found on instruments such as the Children's Manifest Anxiety Scale (Castenada, et al., 1956). Some of the items on the inventory (See Appendix A) were: "I worry a lot." "I get headaches." "I'm secretly afraid of a lot of things."

Students were also asked if they wanted to learn how to relax more. After examining the responses to the inventory, the counselor organized a small group of five students who were identified as "highly anxious." Susan was among them.

The counselor met with the group for ten sessions for a period of five weeks and instructed them in relaxation techniques. The children first learned to identify anxious feelings in themselves. Then, through various exercises, they learned to relax their muscles. In the process, they also learned to have more control of their anxiety.

At first, Susan was hesitant and the exercises seemed strange and silly. The activities were new and unfamiliar to her. Being with a group of peers was not easy. Yet with practice and encouragement from the counselor and other students, Susan began to make progress. After some initial resistance, she began looking forward to the meetings and participated eagerly in them. She became so enthusiastic at one point that she taught some of the techniques to her younger brother and neighborhood children.

Apparently, relaxation techniques enabled Susan to gain more control of her life. She "blossomed" and her mother could hardly believe the dramatic changes that took place. Susan's relationships

with her classmates improved and she became more assertive in the classroom. She no longer collapsed in tears when someone provoked her. She started to volunteer in class and her grades improved. For example, she became an "A" student in spelling. Later in the year, she sang a solo at her church, something that was unthinkable a few months before.

Too good to be true? Susan's mother especially worried that it would not last. However, one year later, an interview with the mother and some teachers revealed that Susan continues to practice her relaxation exercises regularly. She was still making progress in school. Her fifth grade teacher found it difficult to visualize the Susan described by her previous teachers. The Susan he knew did not appear to be filled with excessive and uncontrolled anxiety.

Relaxation Training: A Possible Solution

In several schools, relaxation training has become a part of the school curriculum. Teachers are instructing all their students in relaxation techniques. One teacher who took her class through some relaxation training found that she had fewer discipline problems. Moreover, when a few students lost self-control and began acting out, she was able to help them regain their composure and settle down. The training also helped develop a more positive classroom atmosphere and everyone was more relaxed and calm.

Some teachers who have helped their students learn to relax report that they have benefited as much as their students. They enjoy leading the students through relaxation activities and practicing, too. For example, when exercises are tape recorded, teachers can easily participate along with their students. As one teacher said, "It's so much easier to work with the students when we have shared something special and so mutually satisfying."

This positive effect upon students, teachers, and the classroom environment has been noticed by school administrators. For example, one principal was so impressed with the visible results and potential of

relaxation training that she requires it as part of the school curriculum. In this case, the counselor designed the relaxation exercises and a classroom program after meeting with the teachers. The counselor then trained students in groups of ten, until she had met with all the students. When the children completed the program, the principal awarded certificates of achievement. She signed and personally handed the awards to the students.

Some counselors have also found that relaxation training has a positive effect on families with whom they are working. One such family had a young boy who had problems relating to others. He seldom looked at people and disliked being touched. His severe temper tantrums frightened those around him. Sometimes he would bang his head on the floor and scream loudly. He wanted to be by himself most of the time and spent many hours curled up in a corner rocking. He often stared into space and his speech was generally unintelligible.

The child responded well to intensive individual therapy. In conjunction with this, however, the parents were involved in counseling. They were learning to relate more effectively with the boy. This was most difficult for them, because they became frightened and angry when he misbehaved. Their own anxiety prevented them from being positive and providing the kind of family atmosphere necessary to enable the boy to become more responsive and stable.

The counselor knew the parents needed to control their anxiety. Without such control they would be unable to help their child. Therefore, the parents were taught a series of relaxation exercises. They began to feel more in control and more positive toward the boy. Apparently, this started a cycle that reduced family tension and the boy, in turn, responded more positively to them. As the boy progressed, the parents relaxed even more. As they relaxed, the boy felt more acceptance and continued to progress.

Stress is recognized as a normal part of our lives. When it becomes excessive it creates problems that affect not only ourselves, but those around us. It is important for all of us to understand the part that anxiety and stress play in our lives. It is essential that we learn to manage stress.

Where do we begin? We could wait until problems develop and then use relaxation training as a counseling strategy. Or, through developmental guidance, we can help all children to learn about stress and how to relax. In the process, everyone, including parents and teachers, benefits.

CHAPTER TWO

The Nature of Anxiety

Anxiety Defined

There seem to be as many definitions of anxiety as there are theories of personality. Indeed, anxiety is a major construct in most personality theories (Patterson, 1966; Ruebush, 1963). Anxiety has typically been defined as fear when there is no physical danger (Beck, 1972; Cattell, 1963; Kolb, 1973; Nichols, 1974; Ruebush, 1963; Wolpe, 1958).

After reviewing the literature on anxiety, Phillips and his colleagues (1972) concluded that anxiety is: a) manifested physiologically, phenomenologically, and behaviorally; b) general or situational; and c) elicited by stress, or by threatened deprivation of an anticipated satisfaction. They also noted that defensiveness occurs with anxiety and that the consequences of excessive anxiety are usually negative, interfering, and debilitating in nature.

General and Situational Anxiety

The distinction between general and situational anxiety is an important one. General anxiety, also called trait, chronic, or neurotic anxiety, is a dispositional characteristic. It is a general tendency to be anxious. General anxiety has an internal locus and is a result of past experiences.

The general tendency to be anxious is often something that has been learned in childhood and brought to adulthood. It has become a part of one's personality and life style. For example, a shy and withdrawn woman who was generally anxious about life described her childhood. In the fourth grade she felt isolated and she had few friends. She was nervous around others and wasn't sure of what to say or do.

Although she had above average intelligence, she was unable to learn as fast as others. She often blanked out when taking tests or when called upon in class. She had headaches and found excuses to report to the school clinic to get away from class. "It was an unhappy time for me and every day was full of tension." Her inability to relax affected her whole existence - her academic performance, her social relationships, her personal well-being, and her future.

Situational Anxiety, on the other hand, is a direct function of a particular event. It is specific to an activity, such as taking a test, giving a speech, or meeting someone new. If excessive, situational anxiety can lead to a phobia. While people who experience this kind of anxiety can become dysfunctional, they usually function without much stress in other areas of their lives.

Again, it should be noted that anxious feelings are an important part of life and, at times, very appropriate. For instance, it is normal to experience anxiety in an elevator that is stuck between floors. Likewise, if an examination can affect a person's future, such as admittance to a program or being passed to the next grade level, situational anxiety is the expected norm. When anxiety becomes excessive, however, then coping with the situation becomes more difficult.

Anxiety and Success in School

When anxiety becomes excessive, it can interfere with success in school. O'Reilly and Wightman (1971) found that low-anxious children perform better than high-anxious children on a variety of tasks. Likewise, other researchers have reported that anxiety affects school performance negatively.

Intelligence. There is a negative correlation between general anxiety and scores on intelligence tests. For instance, Lighthall and associates (1959) found that low-anxious children made greater gains over time on the Otis-Lennon Mental Ability Test than high-anxious

children. Phillips (1962) studied the relationship between scores on the Children's Manifest Anxiety Scale (CMAS) and IQ tests for 1,200 fifth and sixth grade students. He found a significant negative correlation between high levels of anxiety on the CMAS and IQ scores. Two extensive reviews of the literature on anxiety in children (Phillips, et al., 1972; Ruebush, 1963) revealed similar findings in other studies.

There is an even greater negative correlation between test anxiety, or situational anxiety, and scores on IQ tests. For example, Dodds (1976) explored the relationships between IQ, test anxiety, and general anxiety for 150 seventh grade children. He found a negative relationship between IQ and test anxiety, but no relationship between IQ and general anxiety. This finding was supported in the literature review by I. G. Sarason (1960). Sarason concluded that the majority of studies showed that general anxiety was not related to IQ, whereas high test anxiety was consistently related to poorer performance on IQ tests.

Does anxiety cause lower IQ scores, or does low intelligence cause anxiety? Several studies support the hypothesis that it is anxiety which causes the lower IQ score and not the reverse (Phillips, et al., 1972). For example, when IQ was held constant, low-anxious children performed better than high-anxious children on a variety of tasks (S. B. Sarason, et al., 1960). Anxiety does not appear to be a result of low intelligence.

Several studies have shown that changes in anxiety level are related to changes in IQ scores. S. B. Sarason and associates studied the relationship between anxiety and IQ in a group of 670 elementary school children for a period of five years. They found that increases in anxiety were related to decreases in IQ test performance, while decreases in anxiety were related to increases in IQ test performance (Hill & S. B. Sarason, 1966; S. B. Sarason, 1966; S. B. Sarason, Hill & Zimbardo, 1964).

In addition, S. B. Sarason, et al. (1964) found no trend toward interaction between test anxiety and IQ. Using high and average IQ

groups, they discovered that test anxiety affects the more intelligent, as well as average, students.

Achievement. Most of the literature on anxiety in children shows a negative relationship between anxiety and achievement. For example, Gifford and Marston (1966) studied the relationship between anxiety and reading for 31 fourth grade boys. They found that high levels of anxiety were significantly related to slow reading rates and reduced comprehension. Similar results were found by Standford, Dember, and Standford (1963) with third grade children. They found that high levels of anxiety were related to low reading grades and that anxiety level was as effective as IQ in predicting reading grades!

In a study with 1,038 eighth grade students, Khan (1969) found that anxiety was a useful predictor of scores on subtests of the Metropolitan Achievement Test. He found that anxiety levels yielded higher correlations with subsequent achievement test results than other predictors, including attitudes and study habits. The negative relationship between anxiety and achievement has also been documented in studies by Phillips (1962) with seventh grade students and by Hawkes and Furst (1971) with fifth and sixth grade children.

Longitudinal studies have provided further evidence of the negative effect of anxiety on school performance. For instance, Hill and Sarason (1966) concluded that anxiety was negatively related to school progress, as measured by grades. Although most high-anxious children were found to progress normally through school (i.e., did ot repeat grades), their rate of gain was found to be less than that of low-anxious children (S. B. Sarason, et al., 1964). They suggested that the highly anxious child lacks qualities "that make for the productive acquisition and utilization of knowledge" (p. 37).

Interestingly, anxiety may be more strongly related to reading achievement test scores than to math scores in fourth grade children. In a study by S. B. Sarason, et al (1964), the correlations of test anxiety scores in the first grade significantly related to fourth grade reading test scores on the Metropolitan Achievement Test. In addition,

changes in test anxiety scores correlated significantly with changes in reading scores over time.

After reviewing the literature, both Phillips and his associates (1972) and Ruebush (1963) concluded that there is a negative relationship between high anxiety and achievement. Ruebush reviewed 16 studies showing a negative relationship between anxiety and achievement test scores, one study suggesting a positive relationship, and three studies reporting no relationship. In addition, he noted several studies indicating that anxiety is an important part of the personality of underachieving children.

Why do highly anxious children perform poorly on achievement tests? In reviewing the literature on test anxiety, I. G. Sarason (1972) found several studies showing that test-anxious persons focus on themselves when confronted with evaluative situations. They think about the possibility of failure, with such thoughts as "I won't pass." Their attention to self, rather than to the task, interferes considerably with test performance. This finding was supported by the literature review on test anxiety by Wine (1971).

Learning. Although studies of the effects of anxiety on easy tasks have shown inconsistent results, it has generally been agreed that excessive anxiety has a detrimental effect on complex learning. Ruebush (1963) reviewed several studies which showed that anxiety in normal children has negative effects on difficult tasks such as digit symbol and IQ tests. After reviewing the literature on test anxiety, I. G. Sarason (1972) concluded that test anxiety was negatively related to verbal and motor learing, stimulus generalization and size estimation. When the task is complex, task-irrelevant responses interfere to a greater degree than when the task is simple (Phillips, et al., 1972; I. G. Sarason, 1972).

In addition to these findings, Phillips and associates (1972) noted several other trends in the literature. For instance, they found that anxiety reduces incidental learning by limiting the perceptual field of the learner. They also reported indications that anxiety negatively affects short-term memory.

These reviews of the literature provide consistent evidence of the negative effect of anxiety on a variety of learning tasks and especially on complex learning. In summarizing their findings, Phillips, et al., (1972) concluded that anxiety is generally debilitating in regard to academic behavior.

Problem-solving. Anxiety generally impairs children's performance on verbal and non-verbal problem-solving tasks. For example, Ruebush (1963) found that most studies supported the contention that anxiety interferes with tasks such as mazes and embedded figures and the use of abstract concepts. He also reviewed several studies which provided evidence that anxiety in children is negatively related to scores on tests of creativity and curiosity.

S. B. Sarason and associates (1960) systematically studied the effects of anxiety on problem-solving ability in elementary school children. They matched high- and low-anxious children for IQ, sex, and grades. In several problem-solving situations, high-anxious children performed more poorly than low-anxious children. In addition, highly anxious children tended to be more cautious.

There are several behaviors related to anxiety which interfere with problem-solving ability. Several studies have provided evidence that anxiety reduces responsiveness to the environment and interferes with the accurate perception of reality (Ruebush 1963). Similarly, I. G. Sarason (1972) reported that highly anxious persons neglect or misinterpret important cues that may be readily available, due to their focus on self, rather than the task. In addition, the highly anxious person often experiences attentional blocks (Ruebush, 1963).

Anxiety has been related to many personality characteristics and social variables. Dependence, low self-concept, aggression, defensiveness, and disturbed relationships with peers and teachers may be related to high levels of anxiety. Other variables that have been related to anxiety include indecisiveness, rigidity, cautiousness, and guilt.

Dependence. After reviewing the literature, Ruebush (1963) reported evidence that excessive anxiety was related to dependence in

children. This finding was supported by Phillips and associates (1972) in their review of the literature. Similarly, they reported that direction-seeking and conforming tendencies were related to anxiety.

Rosenthal (1967) studied the effects of high- and low-anxious conditions on the dependency behavior of 3-to 5-year-old girls. The children were placed in a strange room with an adult under low or high-anxiety conditions. The frequency of atention-seeking behavior decreased significantly faster under low-anxiety conditions. Attention-seeking behaviors included attempts to get the adult's attention, praise, or aid.

Dependence in children may contribute to poor relationships with teachers. For example, dependent children may occupy the teacher's time by asking many questions. Finally, dependence on external authority for approval may be a factor contributing to a lack of creativity in anxious children (S. B. Sarason, et al., 1960).

Hostility and aggression. Excessive anxiety has also been related to aggressive and hostile feelings in children. However, anxious children may vary in the manner in which they cope with these feelings. S. B. Sarason and associates (1960) found that anxious children often turn their aggression inward, whereas Phillips and associates (1972) reported evidence that anxious children express their aggression outwardly by misbehaving. Indeed, Ruebush (1963) hypothesized that whether aggression in anxious children is expressed outwardly or inwardly depends in part on teacher and parent variables.

Highly anxious children who experience anxiety in evaluative situations often react with strong unconscious hostility toward authority figures. These feelings of hostility may result from negative, punitive child-rearing practices (Ruebush, 1963, S. B. Sarason et al. 1960). Since this hostility often conflicts with their dependency needs, children may turn their aggressive feelings inward, in the form of self-derogatory attitudes (S. B. Sarason, et al., 1960).

On the other hand, Phillips and associates (1972), after studying anxious children for 2 years, reported that students may act out their

aggressive feelings. A significant relationship between school anxiety and hostile, aggressive behavior in school, was discovered.

Thus, it appears that excessive anxiety in children is related to aggressive feelings. Depending on the situation, these aggressive feelings may be expressed outwardly or turned inward.

Self-concept. A consistent positive relationship has been found between excessive anxiety and low self-concept. For example, Phillips et al., (1972) found consistent evidence of the relationship between anxiety and two aspects of self-concept: self-disparagement and feelings of inferiority. Excessive anxiety is apparently associated with feelings of guilt, school inadequacy, and lack of self-assuredness. These findings were supported by Cattel and Scheier (1961).

Other personality variables. High levels of anxiety in children have been related to a variety of other personality characteristics. Ruebush (1963), for example, provided evidence that a positive relationship exists between anxiety and various measures of clinical maladjustment. Kitano's (1960) study supported this contention. Children with behavior problems in adjustment classes were found to be significantly more anxious than children in regular classes.

Peer relationships. Several studies have indicated that excessive anxiety is related to low peer status. Hill (1963), for example, studied the effects of anxiety on sociometric status in four third grade classrooms. He found that high levels of anxiety were related to negative sociometric status. Interestingly, Ruebush (1963) reported a negative relationship between anxiety and accuracy of perception of one's own sociometric status.

Phillips, et al., (1972) presented the following cycle of anxiety and rejection. Isolated and rejected children experience anxiety in social situations. This leads to either less or more activity--acting out or withdrawal. Both are seen as "problem behaviors" by teachers and peers. Although there is an unconscious desire to affiliate when one experiences anxiety, the disruptive or isolated child is usually denied this opportunity and, consequently, experiences more anxiety.

Relationships with teachers. Excessive anxiety appears to be related to poor relationships with teachers. For example, S. B. Sarason and associates (1960) reported that highly anxious children tended to seek excessive attention from or to avoid teachers. Attention-seeking behaviors included talking out of turn and asking many questions. High-anxious boys were seen as more insecure around teachers than low-anxious boys.

Adults, in general, can arouse anxiety in children. As evaluators and dispensers of rewards and punishments teachers inevitably contribute to anxiety in children.

CHAPTER THREE

Methods of Relaxation

There are many methods of relaxation. During the past decade, there have been an increasing number of titles in bookstores dealing with topics such as muscle relaxation, meditation, self-hypnosis or auto-suggestion, and yoga. In addition, for people in the helping professions, techniques for reducing the anxiety of clients also include systematic desensitization, biofeedback, psychotherapy, and clinical hypnosis. Guided fantasies are also useful in assisting persons to achieve a feeling of relaxation. Let's examine a few methods of helping people to relax.

Systematic Denensitization (Wolpe)

During the late 1950's and most of the 1960's, the technique of systematic desensitization dominated the literature on relaxation. Starting with Wolpe's now-famous book entitled Psychotherapy by Reciprocal Inhibition (1958), several books and numerous research articles have appeared.

What is systematic desensitization? Wolpe's method consists of the following steps. Clients are taught to relax their muscles and to become more aware of the difference between feeling tense and feeling relaxed. Clients then make a list of anxiety-producing situations and rank these from least to most anxiety-producing. The mildest of these are then presented to the client while the client is in a relaxed state. If the client remains relaxed, a slightly stronger anxiety-producing image is presented at the next session. The client eventually ceases to react anxiously in similar situations in real life.

Although systematic desensitization had been used with children in clinical settings with severe and fairly well-established problems (Lazarus, 1959; Miklich, 1973; Miller, 1972), it was not until the early 1970's that its application in school settings received much attention. Almost all of the studies of systematic desensitization with

normal school children, however, have involved the desensitization of test anxiety.

For example, Barabasz (1973) studied the effects of systematic desensitization on high and low-anxious children. He divided one class each of fifth and sixth grade children into high and low-anxious groups, based on their galvanic skin responses. Control groups were also formed.

Relaxation training was presented to the experimental group in their regular homeroom classes. The first two sessions consisted of relaxation training, followed by presentation of a test-anxiety hierarchy during the next three sessions. If two hands were raised, expressing the rise of anxiety, students were encouraged to relax and then the step would be repeated. The highly anxious children who received the intervention scored significantly higher on an IQ test and were more relaxed, as measured by their galvanic skin responses, when compared to the control group. No change was found for the low-anxious group.

Deffenbacher and Kemper (1974) studied the effects of relaxation training on 21 sixth grade volunteers. They first taught children in an experimental group to relax. During the next five sessions, they presented a test-anxiety hierarchy. Counseled children had significant increases in GPA, compared to a control group. Also, failing students who received counseling improved significantly more than those who did not.

Positive results with seventh grade students were reported by Mann and Rosenthal (1969). They randomly assigned 70 students to desensitization and control groups and found that desensitization reduced test anxiety and improved performance on a reading test. The students also reported that they felt generally less tense in class and in social situations.

Yoga

Another method of relaxation is yoga. Although there are various forms of yoga, the one most frequently taught to children is Hatha

Yoga. It involves a series of postures or asanas, breath control, concentration, and relaxation techniques. Hatha Yoga has excellent potential for school children, but it is recommended that a counselor or teacher have some expertise with yoga before attempting to teach it to children.

One of the drawbacks to using yoga in the schools is that there are many misconceptions about it. Renshaw and Seiler (1978) summarized some of these, as well as presenting some useful asanas and guidelines. Some people associate yoga with religion. Although certain types of yoga are spiritual in nature, one can practice Hatha Yoga, focusing specifically on the physical aspects. Another misconception is that the practice of yoga involves a retreat from life. Although some people choose to practice yoga in this manner, it is not necessary. There are many positive benefits derived from spending only a few minutes a day practicing Hatha Yoga.

Meditation

What is meditation? One popular form of meditation is Transcendental Meditation (Bloomfield, et. al., 1975). Benson (1975) also described a simple technique for relaxing the mind which he calls meditation. These particular forms of meditation require a person to sit quietly for a few minutes. A "mantra" (a word or phrase) is silently repeated to help the person center upon relaxation. Unfortunately, meditation is too often linked with cults and may be, consequently, suspect in some communities and educational circles. Nevertheless, removed from some of these associations, meditation can be very effective in helping people manage anxiety and stress.

Guided Fantasy

Guided fantasy is yet another technique that can be used to encourage relaxation. Guided fantasies can promote a feeling of calmness, as well as be a stimulus for self-exploration or creative imagination (Wittmer & Myrick, 1980). Many relaxation techniques involve the

use of fantasy and images (e.g., yoga, desensitization, deep muscle relaxation). Children enjoy fantasy. The combination of relaxation training with the use of positive and calming images can be a powerful tool.

Wittmer and Myrick (1980) described in detail the use of fantasy as it might be used in a classroom. For example, a teacher may help his or her students develop their creativity through guided fantasy. The fantasy starts with instructions to relax. After a few moments of calming images and some deep breathing, the children became more relaxed. Next, the children might be asked to imagine themselves in a forest on a beautiful sunny day. They see the trees, the clouds, the flowers, and the patterns of light. They feel a breeze and hear water bubbling over rocks in a nearby small stream. They are asked to use all of their senses to experience these images. When the fantasy ends, the children discuss their experiences. Later, they learn to develop their own guided fantasies to relax themselves.

Biofeedback

Biofeedback is sometimes used to assist in relaxation training. There are electronic instruments and machines that are sensitive to biological indicators of stress, such as muscle tension, temperature, moisture, and heart rate. These devices then "feed back" the amount of bodily tension by translating it into a form that is easily understood. For example, feedback can be in the form of a line on a graph, a constant sound, or colors, all of which vary as tension increases or decreases. Although biofeedback has been used successfully with children (Davis, et al., 1973), the equipment is costly and specialized training is required to use it.

Deep Muscle Relaxation (DMR)

Deep Muscle Relaxation is another technique used to reduce tension. It involves developing awareness of muscular tension and training in muscle relaxation. It is the focus of this monograph.

This is how Susan learned to relax. When she and the other children first met with the counselor, they talked about the purpose of the group sessions and how certain exercises could help them learn to relax. They were told that they would practice these exercises in their group meetings and that they could also practice them, when appropriate, at home or in the classroom.

The children began by studying the nature of tension and relaxation. The first step was to practice tensing and relaxing their muscles. They were asked to get comfortable and close their eyes. Then they were given instructions about relaxation. In subsequent sessions, the children practiced relaxing specific muscle groups (e.g., arms, legs, stomach, back, shoulders, and so forth). In addition to the exercises, the children discussed the experience and how the exercises might be used in other situations. Homework, which provided additional practice, was also assigned by the counselor.

Although many methods of relaxation training have been used with children. Deep Muscle Relaxation is one of the most practical methods for reducing anxiety in a school setting. First, extensive specialized training is not necessarily required to teach relaxation, and children learn the skills easily. In addition, training in relaxation lends itself to working with children in groups. It also appears to be one of the most readily accepted approaches in school systems. Moreover, it seems to have immediate, as well as long-term, benefits. In the next chapter, DMR is described in more detail, and examples are provided which represent techniques that can be used by teachers and counselors.

CHAPTER FOUR

Guidelines for Using DMR

Who Benefits from DMR?

Relaxation training can be developmental, preventive, or remedial in nature. For children who experience the normal stresses of life, training in relaxation can be a valuable tool in helping them gain more control over their lives. When it seems appropriate, they can draw upon relaxation skills to manage stressful situations or to enhance their own self-development. In this sense, all children can benefit from learning more about relaxation techniques and, especially, DMR. When DMR is taught in in advance of a crisis situation, then it is both developmental and preventive.

There are, of course, some children who are in high-risk groups. They experience more anxiety. At times this anxiety becomes so excessive that it threatens their well-being. For example, children who are experiencing stressful changes in the family or school might benefit from DMR, as part of a treatment plan. Children who are encountering experiences with divorce, death, or perhaps transition from one school to another, will find relaxation techniques to be helpful. Thus, DMR might then be used to help remediate a problem or prevent it from becoming even more serious.

Some children who have multiple and severe problems may need more extensive help, such as counseling or therapy. They may need to be under the direct supervision of a medical doctor. DMR or other relaxation techniques may be combined with any treatment plan; however, relaxation techniques are not a panacea for all children's ills.

As suggested earlier, adults who help children learn DMR will also benefit. After all, relaxation skills can be an important part of everyday living for anyone. Many adults have not had an opportunity to study and practice relaxation skills like DMR. Teaching it to children

gives them such an opportunity and provides them with some important life experiences. If adults learn and practice the skills as they teach children, they will directly experience the benefits.

There are other adults who will benefit from the effects of DMR who will be less involved in the child's experiences. These adults, perhaps family members or teachers, benefit because their own life is less complicated by nervous and anxious children who are having trouble coping. Because the child's life is improved, the adults in that child's life also benefit. As you get involved, you will reap many personal gains.

Goals

Goals will be determined by the children and also the adults who are providing the training experiences. No doubt, you will have some in mind. In general, however, most DMR training programs focus upon the following goals:

1) to help children understand the role anxiety and relaxation in their lives;
2) to help children become more aware of the feelings associated with tension and relaxation;
3) to help children become more aware of their bodies and the physical manifestation of stress;
4) to help children identify situations where stress and anxiety are often present;
5) to help children learn through experience some skills and techniques that will help them relax and reduce tension;
6) to encourage children to practice the skills daily;
7) to help children identify how these skills might be applied at appropriate times in their lives.

If a training program is based on several sessions, as most are, then each training session will have specific objectives. The accumulation of these specific training objectives will lead to the general goals described above. Examples of training objectives for various sessions or units are provided in the next chapter.

Setting

DMR can take place in the privacy of a counselor's office or in a classroom. How much space you need will depend upon the number of students involved.

When a small group of students participate in DMR training, the counselor's office may be ideal. It is usually free from disruptions and there is often less noise. Small groups enable you to individualize the training and give more personal attention to each student. Some students feel more comfortable, especially at first, when they are able to practice their exercises in a small cohesive group rather than in a large classroom group.

Some teachers and counselors have worked together to provide DMR training sessions to large classes of children. When the training takes place in a classroom, it is especially important to be aware of the special needs that some children have and the potential problems that naturally come when working with a large group. In a large group, it is sometimes difficult to tailor the individual exercises, to respond to all questions, and to involve all children in a meaningful discussion. Some children are more difficult to manage and some have a history of being very anxious in their classroom. Care must be taken to guard against interruptions, although it may seem impossible at times. For example, in addition to signs, you may want to alert other faculty and the front office regarding the need for an uninterrupted period.

Turning out the lights, perhaps dimming them, can be a cue to students that the DMR training session is in progress. Most people acknowledge that soft or dim light is conducive to relaxing more than when lights are bright.

Each student needs his or her own space, whether this be at a desk, on a blanket or rug, or in a comfortable chair. While most DMR scripts recommend that students lie comfortably on their backs, they can also be used - with appropriate modifications - when students must sit up. One teacher had children bring their own towels to rest upon. Another teacher used an available space in the media center and

students laid quietly on the carpet. A counselor, who had limited office space, worked with students in an isolated part of the playground where they laid comfortably on the grass with their towels. Still another counselor used bean bag chairs.

There may be several settings in your school that provide adequate space for DMR. Your choice of setting may then depend upon the size of your group and your personal preference. If you are limited, then you will need to give more thought to where the training might best take place and you will probably need to have more cooperation from the rest of the faculty.

Materials and Equipment

One of the advantages of DMR is that the required materials and equipment are minimal. Most of it is easily available in schools. Obviously, your own personal interests and experiences may lead you to embellish the training sessions with various props and media. However, this is not essential.

The most important material is the DMR training script. Be familiar with the script and decide how you want to present it. If you read the script yourself, give careful attention to the key words, appropriate pauses, tone of voice, and the pace at which you read. A well-modulated voice that can suggest appropriate emotions may be the most important "equipment." It is also important to be familiar with the script, to study it, and make notes where you want to emphasize ideas with your voice. Guard against reading too fast, and read with enthusiasm.

One valuable piece of equipment in DMR training is a tape player. A script for a particular training session can be tape recorded and then played. When scripts are taped you can give more attention to group members during the exercise. This might be particularly important with a group where a few students tend to be restless or perhaps disruptive. Without interrupting the experience for other children, you can move quietly and quickly to a student who needs extra help in

settling down. The larger the group, the more need for closer supervision.

If monitoring or observation is not essential, a taped script allows you to participate in the exercises more freely with the students, which is a pleasant benefit. If tapes are made, they can be shared by other teachers.

Some disadvantages can occur, however, when a taped script is used. It is more difficult, for example, to respond to unexpected events such as giggling, a knock at the door, or some other disruption. Some students have more problems in hearing a tape recording than the projected voice of a person who is standing. On occasion, setting up the tape recorder can take too much time and present untimely mechanical problems.

Who is the Trainer or Leader?

You should have some experience with the technique before trying to teach it to others. It is important that you believe in the benefits of relaxation. Since relaxation is a rather novel idea in the schools, you will have more self-confidence if you have experienced the benefits yourself. DMR leaders have been counselors, teacher, parent volunteers, and principals. Can you imagine a classroom where the children get restless and the principal, rather than coming in to "set them straight," helps them to gain control through some relaxation techniques? It has been done.

Organizing and Facilitating the Exericses

As in most other learning, the training activities should proceed from the simple to the more complex. Learning to relax an individual part of the body, such as the hand, should precede learning to relax the entire body. In addition, becoming adept at relaxation within a training session probably needs to occur before the children are able to have success elsewhere.

Here are the basic steps to facilitate the MR training.

1) Have the children find their space.
2) Have the children remove their shoes and assume a restful posture.
3) Check to see that each child's space does not impinge on that of another child - encourage them to keep hands and feet away from others.
4) Dim the lights and let the group (or class) settle down.
5) Tell the group to close their eyes, perhaps having them take a few deep breaths before you begin the script.
6) Start the script (reading or playing a tape).
7) At the end of the script, tell the children to open their eyes and rejoin the group.
8) Lead the group in a discussion.
9) Assign the children some appropriate "homework" exercises.
10) Make preparations for the next session.

Group Discussions

Whether the training is presented by tape or read to the children, you are responsible for discussion before and after the exercises. Discussions individualize the training and help children to generalize their skills. Group discussions also develop a feeling of mutual support through shared experiences. Sample discussion topics are available in Chapter Five.

Many teachers and counselors have found that their group discussions can be improved when they use the skills related to "facilitative teaching and counseling." These have been described in detail elsewhere (e.g., Wittmer & Myrick, 1980). These communications skills focus upon open questions, clarifying and summarizing ideas, and responding to feelings. Most important, these skills help children self-disclose more about their experiences in the exercises and help them explore ways in which they can apply their training.

Applications

Relaxation training is most effective when it is practiced regularly. DMR training helps children develop habits. As you probably know from experience, it takes a while to establish a new habit. Follow-up activities can help. Your encouragement and support will assist the children to be committed and to practice relaxation. Eventually they will practice on their own, although periodic "refresher" courses may be needed.

Evaluation

How can you tell if DMR training has had any effect? One simple method would be to use the Anxiety Identification Scale (see Appendix A). Other instruments which have been used to measure the effectiveness of relaxation training include the Children's Manifest Anxiety Scale (Casenada, et al., 1956), teacher ratings of behavior, and performance measures (e.g., IQ tests, achievement tests, or classroom grades).

Case studies can also provide interesting information and a way of evaluating your efforts. For example, you might begin by asking a student (or a group of students) to complete a survey form that you design. This survey instrument can be constructed by listing several behaviors that are affected by anxiety. Then, given a five point Likert-type scale (such as Strongly Agree to Strongly Disagree, or Very Often to Very Seldom), students, teachers, and parents can provide information which will tell where you are beginning. After completion of training, the same inventory might be administered again. A comparison will provide some evidence regarding the impact of your program.

Getting Started

Before implementing a DMR training program, you will want to talk with your principal and some teachers. They can provide you with timely support and they will want to know more about your work. There is always a push toward "the basics," and relaxation training could easily be labeled as a "frill" unless related to school performance.

Where should you start? What's your next step? If you have not experienced DMR training, you might begin by reading the scripts presented in Chapter Five and practicing them. If it helps, tape record the scripts for your own benefit and experience them. Then, as you become more familiar and comfortable with the exercises, work with a small group of children. As your experience and self-confidence increase, you will want to work with larger groups and share your enthusiasm for relaxation training with others.

CHAPTER FIVE

Deep Muscle Relaxation Exercises

There are probably many exercises related to DMR that could be used with children. However, this monograph represents the first attempt to organize some exercises into a meaningful program that can be used in a school setting. What follows is a DMR training program for children based upon 10 units or sessions. These exercises are based on the following sources: Bernstein and Borkovec (1973), Carkhuff (1969), Hendricks and Roberts (1977), Hendricks and Wills (1975), Kelly (1972), Koeppen (1974), Lazarus (1971), Russell and Sipich (1973), and Wittmer and Myrick (1980). Units are organized into: 1) objectives, 2) exercises, and 3) discussion. A follow-up or homework activity is also included. Each unit takes approximately 20-30 minutes, although it is possible to reduce discussion and complete a unit in less time.

The exercises have been carefully selected and tested experimentally (Proeger, 1979). While it is possible to modify them, expand upon them, or extend them, they constitute a basic relaxation program that can benefit children and adults, as well as provide them with an enjoyable experience.

Unit One - Relaxing the Hands

Objectives

Each child will learn the name of everyone else. Children will learn to relax their hands by tensing and relaxing their muscles. The leader will focus the children's awareness on the contrasting feelings of tension and relaxation.

Exercises

Introductions. If the children are from different classes, go around the group and have everyone say their name. Then allow the children to take turns naming everyone in the group, until they know each

other's names: "Now, is there anyone here who would like to see if they can remember everyone's name?"

Discussion. Explain the purpose of the group. "In this group we are going to learn to relax better. We cannot be tense and relaxed at the same time. The exercises we will be learning will help us when we feel worried, nervous, or tense. These exercises are nothing mysterious. You won't be hypnotized or asleep, but you will be relaxed. You will need to try hard to do exactly what I say. Pay attention to how your muscles feel when they are tight and when they are relaxed. Are there are any questions before we start?"

Relaxation training. "We will begin to learn to relax by tightening and then relaxing our muscles. You will need to close your eyes and be very still and quiet. You will need to listen to my voice and try hard to do exactly what I say. Settle back. Let your arms, legs, and head rest comfortably. Become still now.

"Close your eyes and let yourself sink down, resting there, very still and very comfortable. Listen to my voice and let all other noises just fade away.

"Now, pretend you have a lump of clay in your right hand. Squeeze the clay. Squeeze it hard. Real hard. Now, drop the clay and relax. Let your hand become completely limp. Feel how good it feels to be relaxed. Now, let's try it again. Take that lump of clay in your right hand and squeeze it as hard as you can. Hold it tight. (Pause for 10 seconds.) Now, drop the clay, Let your hand relax. Feel the soothing feeling of relaxation flow into your hand. (Pause 10 seconds.) Once again, now. Take that lump of clay and squeeze it hard. As hard as you can. Let your hand relax. Feel how good it feels to be relaxed. (Repeat for left hand.)

"Be aware of your body. How are you feeling? Where are you relaxed? Is there any part that is tense? Take a deep breath and let it out slowly. Relax all over, giving in to the pleasant feeling of relaxation. In order to become really good at relaxing, you need to practice every day. At night, before you go to sleep, is a good time.

Just tighten and then relax your muscles. Or remember the piece of clay. Relaxing at night can help you go to sleep.

"Now, when I count to three, you can open your eyes. One, you are becoming alert; two, you are even more awake; and three, you can open your eyes. Wiggle your toes, legs, hands, and shoulders a little as you sit to help you become even more alert."

Discussion. "How did you like that? How did you feel? Was it difficult or easy to relax? Did you feel the difference between being relaxed and tense? Was there anything else you noticed?"

Follow-up activity. "Between now and the next time we meet, try to notice a time when you feel relaxed and a time you feel tense. We'll talk more about this next time. Try to practice these exercises every day. Before you go to sleep is a good time."

Unit Two - Relaxing the Arms

Objectives

Children will learn to relax their arms by tensing and relaxing their muscles. They will continue to become aware of the feelings of tension and relaxation.

Exercises

Discussion. "Think about the time since our last meeting. Can you remember when you were tense? Were there times when you were relaxed? (Help them to talk about these situations and their feelings.)

"Did anyone remember to practice the exercises? When did you practice? What was it like? Can you think of any times that you might have practiced relaxation, but did not? These exercises can help us when we get tense or nervous. Today we are going to learn another relaxation exercise."

Relaxation training. "Settle down and get comfortable. Put your hands and legs where they are comfortable. Just sink down and relax. Close your eyes and keep them closed.

"Now, bend your right arm at the elbow and tighten the muscles in your arm. Hold them real tight. As tight as you can. Now, let go. Relax and let your muscles go soft and limp, very relaxed. Let's try that again. Bend your right arm at the elbow and tighten your arm muscles. Hold them very tight. As tight as you can. (Pause for 10 seconds.) Now, relax. Let your arm go loose and relaxed. Feel the pleasant feeling of relaxation flow through your arm. Relax your arm completely. (Pause 10 seconds.) Once again, now. Bend your arm at the elbow and tighten all your muscles. Hold them as tight as you can. (Pause 10 seconds.) Now, let your arm go limp and relaxed. Feel your arm relax completely. Let it be as limp as a wet washcloth. Feel how good it feels to be so relaxed. (Repeat for left arm.)

"Now, when I count to three, I want you to open your eyes. One, coming up; two, almost awake; and three, you can open your eyes."

Discussion. "What was that like? Was it difficult to relax? What was the hardest thing about relaxing? How about the difference in your muscles. Could you feel the difference between when they were tight and when they were relaxed? What was that like?"

Follow-up activity. "During the next few days, I want you to pay attention to times you feel tense and times you feel relaxed. Try to find a time to practice these exercises. Before bed is a good time. We will talk more about relaxation next time."

Unit Three - Relaxing the Legs

Objectives

Children will learn to relax their legs by tensing and relaxing their muscles. The group leader will focus the children's awareness on the contrasting feelings of tension and relaxation.

Exercises

Discussion. "Think for a moment of the time since our last meeting. Try to remember a time you felt calm and relaxed and a time you

felt nervous or upset. Does anyone remember a time when you were relaxed or calm? (Help them elaborate, focusing on physical and emotional feelings.) Did anyone have something happen that made them feel nervous or upset? (Help them discuss.)

"Did anyone remember to practice the exercises? (If yes, let them tell which ones they used and when they practiced. If not, that's OK. It will take a while to learn a new behavior.) We can use these relaxation exercises to help us when we get tense or nervous. Today we are going to practice some more relaxation exercises. Does anyone have any questions before we start?"

Relaxation training. "Get relaxed. Let your feet and arms rest comfortably. Don't hold back. Just sink down and let yourself go. Remember to pay attention to my voice and try hard to do as I say. Close your eyes and don't open them until I tell you to. Remember to pay attention to your muscles and how they feel when they are tight... how they feel relaxed. Pay attention to my voice, letting all outside noises fade away.

"Pretend there's a string on your right leg that goes from your toes to your knee. Pull your toes toward your knee. Pull real hard. Now, let go. Relax your toes and leg. Let's try it again. Pull your toes toward your knee. Pull real hard. Hold it tight. (Pause 10 seconds.) Now, relax. Let your toes and leg relax. Feel the soothing feeling of relaxation in your foot and leg. One more time, now. Pull your toes toward your knee. As far as you can. Pull real hard. Now, relax. Feel how good it feels to be so relaxed. (Repeat for left foot.)

"Be aware of your body. How are you feeling? Where are you relaxed? Is there any part that is tense? Take a deep breath, let it out slowly, and relax all over, giving in to the pleasant feeling of relaxation. In order to become really good at relaxing, you need to practice every day. At night, before you go to sleep, is a good time. Just tighten, then relax your muscles. Or remember the clay or the string. Relaxing at night can help you go to sleep.

"Now, when I count to three, you can open your eyes. One, you are becoming more alert; two, you are even more alert; and three, you can

open your eyes. Wiggle your toes, legs, hands, and shoulders a little as you sit up to help you become even more alert."

Discussion. "How did you like that? How did you feel? Was it difficult or easy to relax? Did you feel the difference between being relaxed and tense? Was there anything else you noticed?"

Follow-up activity. "Between now and the next session, try to notice a time when you feel relaxed and a time you feel tense. We'll talk more about this next time. Try to practice these exercises every day. Before you go to sleep is a good time."

Unit Four - Relaxing the Feet

Objectives

Children will learn to relax their feet by tensing and relaxing their muscles. The group leader will focus their attention on the contrasting feelings of tension and relaxation.

Exercises

Discussion. "Think of the time since we last met. Were there any times when you felt relaxed? (Help them to describe these situations and their feelings.) Were there any times when you felt anxious or tense? Did anyone remember to practice relaxation?"

Relaxation training. "Get comfortable. Settle down and let yourself relax. Let all outside sounds just fade away. Sink down, feeling very relaxed. Close your eyes. Remember to pay attention to your muscles and how they feel when they are relaxed and when they are tight.

"Now, pretend you are standing in a nice cool sandbox. Stretch your legs down into the sandbox. Stretch them down as far as you can. Pretend you push them so far into the sand that the sand comes up past your ankles. Push very hard. Now, relax. Let your legs to limp and relaxed. (Pause for 10 seconds.) Again, now, push your legs as hard as you can, down into the sand. Push very hard. Hold it. (Pause 10

seconds.) Now relax. Let your legs be loose and relaxed. (Pause 10 seconds.) Once more, now. Push your legs far into the sand. As far as they will go. Hold them tight. Now, relax. Let your legs relax as much as you can. Let your muscles be soft. Feel how good that feels.

"Just lie there for a few moments. If there is any part of you that is tight, tell that part to relax. (Pause.) Now, we are going to come back to the room. On the count of three, I want you to open your eyes. One, move your hands and feet a little to help yourself wake up. Two, move your arms and legs to become even more awake. Three, open your eyes and sit up."

Discussion. "How did you like that? What part of the exercise was easy for you? What part was hard? Could you tell the difference between when you were relaxed and when you were tense?"

Follow-up activity. "Before the next session, I would like for you to do two things. First of all, I want you to practice one of the exercises you have learned. Just remember the clay, string, or the sandbox. The second thing is that I want you to notice a time when you are relaxed or a time you are tense."

Unit Five - Relaxing the Stomach

Objectives

By tensing and relaxing their muscles, the children will learn to relax their stomachs. The children will become more aware of the contrasting feelings of tension and relaxation.

Exercises

Discussion. "Take a moment and think back since our last meeting. Was there a time you felt relaxed? (Help them talk about it, focusing on physical and emotional feelings.) Do you remember a time you felt nervous or tense? Have you remembered to practice these exercises outside the group? (Let them give an example if they have.) Have you used any of these exercises when you felt tense or nervous?" (It is possible, but not expected. If they have, let them describe the experience.)

Relaxation training. "Let your body find a position where you can be completely comfortable. Just sink down. Let go completely, sinking down. Close your eyes. Let all other sounds just fade away. Listen only to my voice.

"Now pretend you have to squeeze between two big rocks. Pull your stomach in as tight as you can. Hold it real tight so you can squeeze between those rocks. Hold it tight. Now, relax. You made it through. Let your stomach come back out. Again, now, tighten your stomach. Push it up against your backbone. Hold it real tight. You've got to squeeze through. (Pause 10 seconds.) Now, relax. Let your stomach go loose and soft. Let it be completely relaxed. (Pause 10 seconds.) One more time, now. Pull your stomach in. Make yourself as skinny as you can. Hold it tight. Now, relax. Let your stomach come back out. Feel how good it feels to be so relaxed. (Pause 10 seconds.)

"Feel the pleasant feeling of relaxation. It feels so good to be relaxed. Now, on the count of three, it will be time to open your eyes. One, coming up; two, you are more alert; and three, you can open your eyes. Stretch as you get up to help yourself become even more alert."

Discussion and follow-up activity. Same as Unit 4.

Unit Six - Relaxing the Shoulders and Neck

Objectives

Children will learn to relax their shoulders and neck by tensing and relaxing their muscles. They will be encouraged to practice relaxing at home.

Exercises. "Did you notice a time when you were relaxed or a time when you were tense? Were you able to find the time to practice one of these exercises? Which one? How did that go?"

Relaxation training. "Today we are going to learn to relax our shoulders and neck. Let's get ready now. Settle down and get comfortable. Let your body go loose and relaxed. Now close your eyes and listen to my voice.

"Tense your shoulders and neck by pushing your shoulders up to your ears. Try to touch your ears with your shoulders. Push hard. Now, relax. Let your head come out to where it should be. Let your neck come out to where it should be. Let your neck and shoulders relax. Let's try it again, now. Push your shoulders up. Try to touch your ears. Push real hard. Hold it tight, now. (Pause 10 seconds.) Now, relax. Let your neck and shoulders relax completely. Feel the soothing feeling of relaxation all through your neck and shoulders. (Pause 10 seconds.) Once more now. Push your shoulders up to your ears. Push as far as you can. Now, relax. Let yourself be loose and comfortable."

Discussion. "How was that? What about the difference between feeling tense and feeling relaxed? What was that like for you?"

Follow-up activity. "Find a time each day when you can practice relaxation. Every day at that time do at least one of the exercises. Before you go to sleep is a good time. We will talk about how this goes the next time we meet."

Unit Seven - Relaxing the Face

Objectives

Children will learn to relax their faces. They will be encouraged to practice relaxation at home.

Exercises

Discussion. "Did you notice a time when you were relaxed and calm? A time when you were tense? Did you practice or use the exercises outside the group?" (If yes, let them discuss their experiences. If not, help them discuss what is preventing them from practicing. Encourage daily practice so they will become really good at relaxing.)

Relaxation training. "Let your arms find a comfortable position. Let your legs lie loose and relaxed. Let your head find a comfortable place. Close your eyes and sink down, being as relaxed as you can. Let all outside noises just fade away. Listen only to my voice.

"Now, tense your forehead by wrinkling it. Make as many wrinkles as you can. (Pause 10 seconds). Now, relax. Let all wrinkles disappear.

Again, wrinkle your forehead. Make even more wrinkles. Hold it tight. (Pause 10 seconds.) Now, relax. Let your forehead go smooth and soft. No more wrinkles. Feel how relaxed your forehead is now. (Pause 10 seconds.) Once more, now. Wrinkle your forehead up. Make as many wrinkles as you can. Make even more. Now, relax. Let your forehead rest. Let all the wrinkles disapear. Feel how good it feels to be so relaxed. (Pause 10 seconds.)

"Now close your eyes tight. Pretend you are in the bright sun and you have to squeeze your eyes shut to keep the sun out. Hold them tightly closed. (Pause 10 seconds.) Now, relax. Let your eyes feel loose and comfortable. (Pause 10 seconds.) Again, now. Squeeze your eyes tightly closed. Hold them very tight. (Pause 10 seconds.) Now, relax. Let your eyes feel completedly rested. Feel how good they feel to be so relaxed. (Pause 10 seconds.) One last time, now. Close your eyes as tight as you can. Close them real tight, so not one ray of bright sun can get through. Okay, you can relax now. Keep your eyes closed and let them relax. Feel how good it feels to be so relaxed. (Pause 10 seconds.)

"Now, on the count of three, it will be time to come back to the room. One, you are becoming alert. Two, you are even more alert. Three, open your eyes."

Discussion. "How was that? When did you feel the most relaxed? Was there anything hard about it? What are some situations when you feel nervous, tense, or worried? What exercises could you use at these times to relax?"

Follow-up activity. "Practice relaxation outside the group, at least once a day. Before you go to sleep at night is a good time to practice. Try to be aware of when you feel worried or nervous and when you feel calm and relaxed. Try using these exercises when you feel nervous or tense."

Unit Eight - Relaxing the Body, Part One

Objectives

The children will learn to relax their entire body. The cue word "relax" will be introduced. Children will be encouraged to use relaxation when they become tense.

Exercises

Discussion. "When did you practice relaxation? Which exercises did you practice? How did it go? Was there anything that made it difficult? Today we are going to learn to relax our whole body by tensing and then relaxing our muscles. Any questions before we begin?"

Relaxation training. "Feel the muscles in your left arm. Tell them to relax. Feel the muscles in your right arm. Tell them to relax. (Pause for 10 seconds.) Feel the muscles in your stomach. Tell them to relax. (Pause for 10 seconds.) Tell your shoulders to relax. (Pause.) Tell your left arm to relax. (Pause.) Tell your right arm to relax. (Pause.) Relax your neck...relax your mouth...your nose...your eyes. Now, feel the muscles in your forehead. Tell those muscles to relax. (Pause.) Is there any part of you that is tense? If yes, tell that part to relax. Let all the tension flow from your body.

"Allow yourself to relax completely. Feel the soothing feeling of relaxation all through your body. (Pause.) Now, on the count of three, it will be time to open your eyes. One, coming up; two, almost awake, and three, open your eyes. Stretch yourself to become even more alert."

Discussion. "What was that like? Were you able to find a part of your body that needed to be relaxed even more? Which part was it? How did you manage to relax it?"

Follow-up activity. "Now you know how to relax your entire body. You can relax one part or your whole body. I want you to try to use these exercises when you feel nervous. Just remember the clay, the sandbox, the rocks, or the sun and relax. Keep practicing the exercises at home so that you can become really good at relaxing."

Unit Nine - Relaxing the Body, Part Two

Objectives

The children will learn to instantly relax their whole body, using the cue word "relax." They will be encouraged to use relaxation when they become tense.

Exercises

Discussion. "Did anyone remember to practice the exercises? Which ones did you do and when did you practice? Did you try using these exercises when you became nervous? When did you use them? Which one did you use? What happened?"

Relaxation training. "Today we are going to learn how to relax our whole body all at once. Get comfortable. Sink down and let all your thoughts just float away. Let all other sounds fade away; listen only to my voice.

"Now, tighten all your muscles at the same time. Hold them tight. (Pause for 10 seconds.) Now, tell your whole body to relax. Just silently say "'relax,' and let all the tension flow from your body. (Pause for 10 seconds.) Once again, now. Tighten all your muscles at once. (Pause for 10 seconds.) Now, say 'relax.' Let all your muscles go loose and relaxed." (Pause 10 seconds. Repeat exercise twice.)

"All yourself to be completely relaxed. Relaxing more with each and every breath. (Pause one minute.)

"Now, on the count of three, it will be time to open your eyes. One coming up; two, almost awake; and three, open your eyes. Wiggle around a little and stretch to help you become even more alert."

Discussion. "How was that? Was it difficult or easy? Can you imagine any times when you could use that exercise to help you relax more? can you think of any times that you might practice this exercise?"

Follow-up activity. "Between now and the last session, practice relaxation every day. Find a time when you can be completely alone and quiet. Try to use relaxation exercises when you become nervous or tense."

Unit Ten - Deep Breathing Relaxation

Objectives

The children will relax their entire body using the cue word "relax." They will also use deep breathing to help them relax. They will be encouraged to use relaxation when they are anxious.

Exercises

Discussion. "Which exercises did you practice? Tell us about how it went. Were there any difficulties? Which exercises did you use when you became anxious? How did it go? Were there times when you were anxious and could have used relaxation, but did not? What were these situations? Which exercises could you have used?"

Relaxation training. "Close your eyes and let yourself sink down, resting very still and comfortable. Let yourself relax completely; just let yourself go.

"Now, take a deep breath. Hold it. (Pause for 10 seconds.) Now, let it go, as you tell your body to relax. Allow yourself to relax all over, giving in to that pleasant feeling of relaxation. Again, now. Take a deep breath and hold it. (Pause 10 seconds.) Now, let it go as you tell your whole body to relax. (Pause.) Tell your body to relax even more. (Pause for one minute, then repeat.)

"Be aware of your body. Is there any part that is feeling tense? If so, tell that part to relax, relaxing all the tension away. Allow yourself to relax completely. (Pause for one minute.)

"Now, on the count of three, it will be time to open your eyes. One, you are waking up; two, you are becoming more alert; and three, you can open your eyes."

Discussion. "How was that? Was it easy or difficult to relax this way? Can you think of a time when you might use this exercise to help you when you are tense?"

"Can anyone name some of the exercises we have learned? Can you think of times you can use these to help you relax? What are good times to practice? If you continue to practice relaxation, you will become very good at it."

Follow-up activity. "Continue to practice and use relaxation when you are anxious."

APPENDIX A

Anxiety Identification (Aid) Scale)

Check how you feel compared to other children.

	More than other children	About the same as other children	Less than other children
1. It is hard for me to go to sleep at night.	____	____	____
2. I worry a lot.	____	____	____
3. I get headaches.	____	____	____
4. I am secretly afraid of a lot of things.	____	____	____
5. My feelings get hurt easily.	____	____	____
6. I am nervous.	____	____	____

Would you like to learn to relax more?

yes ____ not sure ____ no ____

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